

NAME (Last, First)			Hospital Record No.	
Address (Street and No.)	City	County	Zip	Phone
Reporting Physician/Nurse/Hospital/Clinic/Lab Address			Phone	

County			State			Zip											
Birth Date <div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div>Unk = 999</div> </div>			Age <div style="display: flex; justify-content: space-between;"> <div>Unk = 999</div> <div>Unk = 999</div> </div>			Age Type <div style="display: flex; justify-content: space-between;"> <div>0 = 0-120 years</div> <div>3 = 0-36 days</div> <div>1 = 0-11 months</div> <div>9 = Age unknown</div> <div>2 = 0-52 weeks</div> </div>			Race <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> N = Native Amer./Alaskan Native <input type="checkbox"/> A = Asian/Pacific Islander <input type="checkbox"/> B = African American </div> <div> <input type="checkbox"/> W = White <input type="checkbox"/> O = Other <input type="checkbox"/> U = Unknown </div> </div>			Ethnicity <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> H = Hispanic <input type="checkbox"/> N = Not Hispanic <input type="checkbox"/> U = Unknown </div> <div> <input type="checkbox"/> M = Male <input type="checkbox"/> F = Female <input type="checkbox"/> U = Unknown </div> </div>					
Event Date <div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div>Unk = 999</div> </div>			Event Type <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 = Onset Date <input type="checkbox"/> 2 = Diagnosis Date <input type="checkbox"/> 3 = Lab Test Date </div> <div> <input type="checkbox"/> 4 = Reported to County <input type="checkbox"/> 5 = Reported to State or MMWR Report Date <input type="checkbox"/> 9 = Unknown </div> </div>			Outbreak Associated <div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div>Unk = 999</div> </div>			Reported <div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div>Unk = 999</div> </div>			Imported <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 = Indigenous <input type="checkbox"/> 2 = International <input type="checkbox"/> 3 = Out of State <input type="checkbox"/> 9 = Unknown </div> <div> <input type="checkbox"/> 1 = Confirmed <input type="checkbox"/> 2 = Probable <input type="checkbox"/> 3 = Suspect <input type="checkbox"/> 9 = Unknown </div> </div>					
Any Cough? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown			Cough Onset <div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div>Unk = 999</div> </div>			Paroxysmal Cough? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown			Whoop? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown			Chest X-ray for Pneumonia <input type="checkbox"/> P = Positive <input type="checkbox"/> N = Negative <input type="checkbox"/> X = Not Done <input type="checkbox"/> U = Unknown					
Posttussive Vomiting? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown			Apnea? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown			Final Interview Date <div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div>Unk = 999</div> </div>			Acute Encephalopathy Due to Pertussis <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown			Hospitalized? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown					
Cough at Final Interview? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown			Duration of Cough at Final Interview <div style="display: flex; justify-content: space-between;"> <div>Days</div> <div>Unk = 999</div> </div>			Was Laboratory Testing for Pertussis Done? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown			Result <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Culture <input type="checkbox"/> DFA <input type="checkbox"/> Serology 1 <input type="checkbox"/> Serology 2 <input type="checkbox"/> PCR </div> <div> <input type="checkbox"/> Pending <input type="checkbox"/> Not Done <input type="checkbox"/> Indeterminate </div> </div>			Date Specimen Taken <div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div>Unk = 999</div> </div>					
Were Antibiotics Given? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown			First Antibiotic Received <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 = Erythromycin (incl. pedizole, ibeone) <input type="checkbox"/> 2 = Ceftriaxone (Rocephin) <input type="checkbox"/> 3 = Clarithromycin (Biaxin) <input type="checkbox"/> 4 = Tetracycline/Doxyline <input type="checkbox"/> 5 = Amoxicillin/Penicillin/Ampicillin/Augmentin/Cefaclor/Cefadime </div> <div> <input type="checkbox"/> 6 = Other <input type="checkbox"/> 9 = Unknown </div> </div>			Date Started First Antibiotic <div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div>Unk = 999</div> </div>			Days First Antibiotic Actually Taken <div style="display: flex; justify-content: space-between;"> <div>Days</div> <div>Unk = 999</div> </div>			Second Antibiotic Received <input type="checkbox"/> See Choices for First Antibiotic Given			Date Started Second Antibiotic <div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div>Unk = 999</div> </div>		
Vaccinated? (Received any doses of diphtheria, tetanus, and/or pertussis-containing vaccines) <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown			Vaccine <div style="display: flex; justify-content: space-between;"> <div> Vaccination Date <div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div>Unk = 999</div> </div> </div> <div> Type* <div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div>Unk = 999</div> </div> </div> <div> Manuf.* <div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div>Unk = 999</div> </div> </div> </div>			Lot Number* <div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div>Unk = 999</div> </div>			Date First Reported to a Health Department <div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div>Unk = 999</div> </div>			Date Case Investigation Started <div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div>Unk = 999</div> </div>					
Vaccine Type Codes W = DTP Whole Cell A = DTP H = DTP-Hib D = DT or Td T = DTP-Hib P = Pertussis Only O = Other U = Unknown			Vaccine Manufacturer Codes C = Connaught L = Lederle S = SmithKline Beecham M = Mass. Health Department I = Mich. Health Department O = Other U = Unknown			Outbreak Related? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown			Epi-Linked? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown								
Date of Last Pertussis-Containing Vaccine Prior to Illness Onset <div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div>Unk = 999</div> </div>			Number of Doses of Pertussis-Containing Vaccine Prior to Illness Onset <div style="display: flex; justify-content: space-between;"> <div>Days</div> <div>Unk = 999</div> </div>			Outbreak Name (Name of outbreak this case is associated with)			Transmission Setting (Where did this case acquire pertussis?) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 = Day Care <input type="checkbox"/> 2 = School <input type="checkbox"/> 3 = Doctor's Office <input type="checkbox"/> 4 = Hospital Ward <input type="checkbox"/> 5 = Hospital ER </div> <div> <input type="checkbox"/> 6 = Hosp. Outpatient Clinic <input type="checkbox"/> 7 = Home <input type="checkbox"/> 8 = Work <input type="checkbox"/> 9 = Unknown <input type="checkbox"/> 10 = College </div> <div> <input type="checkbox"/> 11 = Military <input type="checkbox"/> 12 = Correctional Facility <input type="checkbox"/> 13 = Church <input type="checkbox"/> 14 = International Travel <input type="checkbox"/> 15 = Other </div> </div>								
Reason Not Vaccinated With ≥ 3 Doses of Pertussis Vaccine <input type="checkbox"/> 1 = Religious Exemption <input type="checkbox"/> 2 = Medical Contraindication <input type="checkbox"/> 3 = Philosophical Exemption <input type="checkbox"/> 4 = Previous Pertussis Confirmed by Culture or MD			<input type="checkbox"/> 5 = Parental Refusal <input type="checkbox"/> 6 = Age Less Than 7 Months <input type="checkbox"/> 7 = Other <input type="checkbox"/> 9 = Unknown			Setting (Outside Household) of Further Documented Spread From This Case <input type="checkbox"/> Use same codes as for Transmission Settings, except: 7 = >1 Setting Outside Household 16 = No Documented Spread Outside Household			Number of Contacts in Any Setting Recommended Antibiotics <div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div>Unk = 999</div> </div>								

Indicates epidemiologically important items not yet on NETSS screen

-----DETACH HERE and transmit only lower portion if sent to CDC-----
 The information below is epidemiologically important, but not included on NETSS screens

Age of the person from whom this case contracted Pertussis	Age <input type="text"/> <input type="text"/> <input type="text"/>	Age Type <input type="checkbox"/> 0 = 0-120 years <input type="checkbox"/> 1 = 0-11 months <input type="checkbox"/> 2 = 0-52 weeks	<input type="checkbox"/> 3 = 0-28 days <input type="checkbox"/> 9 = Age unknown
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Setting	In which setting was pertussis acquired (Please Specify)	In which setting was there secondary spread (Please Specify)
Day Care		
School		
Doctor's Office		
Hospital (Ward/ER/Outpatient/Clinic)		
Home		
Work		
Travel (International/Domestic)		
Other		
Unknown		

Name of Contact	Birthdate	Relation to the Case	Is it a Case ?	If it's a Case, Case ID #	Cough Onset Date (If Present)	# of PCVs*	Date of Last PCV	Parent's Name and Phone # (If Applicable)

Comments: *PCV = Pertussis-Containing Vaccine

Clinical Case Definition*: A cough illness lasting <u>≥ 2 weeks</u> with one of the following: paroxysms of coughing, inspiratory "whoop", or post-tussive vomiting, without other apparent cause.	
Case Classification*: Probable: A case that meets the clinical case definition, is not laboratory confirmed, and is not epidemiologically linked to a laboratory-confirmed case. Confirmed: 1) A person with an acute cough illness of any duration who is culture positive, or 2) a case that meets the clinical case definition and is confirmed by PCR, 3) a case that meets the clinical case definition and is epidemiologically linked directly to a case confirmed by either culture or PCR.	
<small>*CDC. Case Definitions for Infectious Conditions Under Public Health Surveillance. MMWR 1997;46(No.RR-10):38. Manual for the Surveillance of Vaccine-Preventable Diseases. 1997.</small>	
<small>(https://dcvpsurveillanceforms.net/pre_2/98)</small>	